

## Reports Processing (Screen 19)

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Certain reports may be printed directly by the local WIC agency by using screen 19 (Report Request Processing). The choices available include the reports, label printing and WIC letters listed below, as well as the reports listed on the second page of the screen.

To get to the second page of screen 19, press the <F8> key.

To return to the main Report Request Processing page, press the <F2> key (The <F7> key is not active on this screen).

A brief description of each report follows.

To access screen 19:

- Screen = 19
- ID = blank
- Date = blank
- Action = Blank
- Press the **ENTER** key.

```
NEXT RECORD: COUNTY: 085  SCREEN: 19  ID:  DATE:  ACTION:
MESSAGE: 103 PF8 TO BROWSE FORWARD, PF7 TO BROWSE BACKWARD

00. ALPHA NAME SEARCH          87. VIEW NOTIFICATION MESSAGE
01. PATIENT MASTER             95. MEDICAID ELIGIBILITY INQUIRY
04. PATIENT ADDRESSES
18. APPOINTMENT FUNCTIONS
19. REPORTS PROCESSING
20. WIC CERTIFICATION
21. WIC ISSUANCE/NUTRI. EDU.
22. WIC MESSAGES AND COMMENTS
23. WIC NOTICE HISTORY
24. WIC SUMMARY PAGE PRINT
25. WIC HISTORY
26. WIC SPECIAL SITE MENU
28. FORMS ALIGNMENT
51. WIC STATISTICAL REPORTS
52. FARMERS MARKET ISSUANCE
53. WIC STATE FUNDED ISSUANCE
54. BLOOD LEAD LEVEL INQUIRY
55. VENDOR VOUCHER REPLACEMENT

MA+ a 04/045
```

Continue to follow the instructions presented on the screen:

- Type the letter Y under the Select column, next to the desired choice, and
- Press the **ENTER** key.

```

NC03
NEXT ENTRY=> COUNTY 085   SCREEN: 19   ID:           DATE:           ACTION:
MESSAGE: 417 PLEASE ENTER PRINT SELECTION(S) - OR PF8 FOR ADDITIONAL REPORTS
                BILLCODE:           REGION:
                PROGRAM: 075         SITE: 01
    PRINTER: NAAP855E   COPIES: 1   JOB CLASS: H   FORM TYPE: A
    TYPE 'Y' IN 'SELECT' FIELD TO REQUEST A REPORT
SELECT  REPORT ID  REPORT DESCRIPTION
=       NAAE001   PENDING LIST FROM ACTION DATE MMDDYY THRU CURRENT DATE
-       NAAE013   BLANK BLOOD WORK DATE OR NRCA95  _  WAITING LIST NAAE002
-       NAAE003   INELIGIBLE LIST FROM ACTION DATE MMDDYY THRU CURRENT DATE
-       NAAE004   RECERTIFICATION DUE WITHIN 37  DAYS LIST
-       NAAE014   OFFSITE LIST - ISSUANCE WEEK  _  BEGIN MTH  _  SITE  _
-       NAAE006   TERMINATION DUE LIST
-       NAAE007   MISSED PICKUP LIST
-       NAAE008   NUTRITIONAL ASSESSMENT DUE LIST
-       NAAE009   ISSUANCE FOR PRINT DATE MMDDYY THRU  MMDDYY
-       NAAE010   PARTICIPATION FOR ISSUE DATE MMY  THRU  MMY
-       NAAE011   IMMUNIZATION ASSESSMENT FOR  MMDDYY  SITE 01
-       NAAE012   NUTRITION EDUCATION LIST DATE MMDDYY THRU  MMDDYY
-
-       LABEL PRINTING
-       WIC LETTERS MENU
  
```

Waiting List NAAE002

The following listing includes Report Processing (screen 19) options and their description.

### NAAE001 Pending List

This report lists all applicants who have a record in pending record status for the time period requested when printing the report. The beginning and ending dates = the Action Date or the last time the WIC Certification record was touched. Local WIC agencies can run this report routinely and offer another appointment to categorically eligible applicants who have not completed the certification process. Pending records can have a status change to A for active if the applicant is found eligible, to I for ineligible, or W if placed on a waiting list. As long as the application remains pending, the P record status should not be changed by local agency staff. If the record status = P, then the participant will show up on the report. If the record status has been changed to anything other than P, the participant will not show up on the report.

Note: It is not necessary to “clean out” records from the pending list. The record status code should not be changed from “P” for pending to a “T” for Terminated as it is not appropriate to terminate the record of an applicant who was never found to be eligible for program benefits.

### NAAE002 Waiting List

This report is displayed to the right of the screen on the same line as NAAE013. This report lists all applicants who have applied for WIC and have been placed on the waiting list due to funds being unavailable to serve all applicants.

### **NAAE013 Blank Blood Work Date or NRCA95**

This report lists WIC participants who need to have blood work done because it was not done at the time of certification and/or who were certified with the nutritional risk code A95. Reports are site-specific.

### **NAAE003 Ineligible List**

This report lists all persons who have been determined ineligible for WIC services. In addition to all applicants and participants determined ineligible at the local WIC agency, this list includes participants who have been automatically terminated at the end of their categorical eligibility.

### **NAAE004 Recertification Due Within 37 Days List**

This report lists all participants who are due for recertification within the next 37 days.

### **NAAE014 Offsite List**

This report lists participants who are due food instrument issuance for the week, month and designated site. If the screen will not print the offsite list, contact the NSB Helpdesk for assistance.

- Issuance Week = the 1-digit number 1, 2, 3 or 4 corresponding to the appropriate week of the month (ex. 2 = the second week of the month).
- Month = the 2-digit numbers 01 through 12 (ex. 03 = the month of March).
- Site = the appropriate 2-digit site numbers 01 through 31
- Press the **ENTER** key.

When successful, the screen will display the message “Report Request Submitted”.

```
HSA196A          NORTH CAROLINA AUTOMATED WIC SYSTEM          07501
12/14/07          REPORT REQUEST PROCESSING
NC03
NEXT ENTRY=> COUNTY 085  SCREEN: 19  ID:          DATE:          ACTION:
MESSAGE: 082 REPORT REQUEST SUBMITTED - ENTER NEXT REQUEST OR NEXT KEY
                                BILLCODE:          REGION:
PROGRAM: 075          SITE: 01
PRINTER: NAAP855E  COPIES: 1  JOB CLASS: H  FORM TYPE: A
TYPE 'Y' IN 'SELECT' FIELD TO REQUEST A REPORT
SELECT  REPORT ID  REPORT DESCRIPTION
-      NAAE001  PENDING LIST FROM ACTION DATE MMDDYY THRU CURRENT DATE
-      NAAE013  BLANK BLOOD WORK DATE OR NRCA95 - WAITING LIST NAAE002
-      NAAE003  INELIGIBLE LIST FROM ACTION DATE MMDDYY THRU CURRENT DATE
-      NAAE004  RECERTIFICATION DUE WITHIN 37 DAYS LIST
Y      NAAE014  OFFSITE LIST - ISSUANCE WEEK 2 BEGIN MTH 03 SITE 02
-      NAAE006  TERMINATION DUE LIST
-      NAAE007  MISSED PICKUP LIST
-      NAAE008  NUTRITIONAL ASSESSMENT DUE LIST
-      NAAE009  ISSUANCE FOR PRINT DATE MMDDYY THRU MMDDYY
-      NAAE010  PARTICIPATION FOR ISSUE DATE MMYT THRU MMYT
-      NAAE011  IMMUNIZATION ASSESSMENT FOR MMDDYY SITE 01
-      NAAE012  NUTRITION EDUCATION LIST DATE MMDDYY THRU MMDDYY
-      LABEL PRINTING
-      WIC LETTERS MENU
MA+ a                                                    04/035
```

### **NAAE006 Termination Due List**

This report is a list of people who will be due for termination within a few days. It will not include people who have been terminated or people who have already received notice of termination due.

**NAAE007 Missed Pickup List**

This report is a list of people who have an issue date in their certification record that is five days or more prior to the date the report is printed, and there is no record of issuance and no record that a missed pickup notice has been given.

**NAAE008 Nutrition Assessment Due List**

This report is a list of infants who are due for their 5-7 month nutrition assessment visit.

**NAAE009 Issuance for Print Date**

This report is a list of all issuances for that program and site for the dates indicated. Be sure not to request the report for a large time span, because it will be a very long report.

**NAAE010 Participation for Issue Date**

This report shows the number of participants for that program and site for the time period indicated. The report shows the total participation count by race and category. It also shows the total Hispanic ethnicity participation count by race and category, as a subset of the total participation count

**NAAE011 Immunization Assessment**

This report lists the WIC participants under age 24 months who are scheduled to come in for pickup or certification in the week that begins on the date indicated. The information in this report may be useful for coordinating with immunization staff.

**NAAE012 Nutrition Education List**

This report is a list of people who received nutrition education during the requested time period.

**Label Printing**

This feature can be used to print labels for medical records folders, lab work, and mailing envelopes. All of the information printed to these labels comes from the Patient Master record on Screen 01. Information missing from Screen 01, such as chart number or address, will be blank on the printed label.

- Confirm that the correct printer node name is assigned before continuing.
- If necessary, change the printer node name, and then continue.
- Type the letter Y next to Label Printing.
- Press the **ENTER** key.

Chapter 4: REPORTS  
 Section 1: REPORTS PROCESSING (SCREEN 19)

```

HSA196A          NORTH CAROLINA AUTOMATED WIC SYSTEM          07501
12/14/07          REPORT REQUEST PROCESSING
NC03
NEXT ENTRY=> COUNTY 085  SCREEN: 19  ID:          DATE:          ACTION:
MESSAGE: 417 PLEASE ENTER PRINT SELECTION(S) - OR PF8 FOR ADDITIONAL REPORTS
                                BILLCODE:          REGION:
                                PROGRAM: 075          SITE: 01
                                PRINTER: NAAP855E  COPIES: 1  JOB CLASS: H  FORM TYPE: A
                                TYPE 'Y' IN 'SELECT' FIELD TO REQUEST A REPORT
SELECT  REPORT ID  REPORT DESCRIPTION
-      NAAE001  PENDING LIST FROM ACTION DATE MMDDYY THRU CURRENT DATE
-      NAAE013  BLANK BLOOD WORK DATE OR NRCA95  _  WAITING LIST NAAE002
-      NAAE003  INELIGIBLE LIST FROM ACTION DATE MMDDYY THRU CURRENT DATE
-      NAAE004  RECERTIFICATION DUE WITHIN 37  DAYS LIST
-      NAAE014  OFFSITE LIST - ISSUANCE WEEK  _  BEGIN MTH  _  SITE  _
-      NAAE006  TERMINATION DUE LIST
-      NAAE007  MISSED PICKUP LIST
-      NAAE008  NUTRITIONAL ASSESSMENT DUE LIST
-      NAAE009  ISSUANCE FOR PRINT DATE MMDDYY THRU MMDDYY
-      NAAE010  PARTICIPATION FOR ISSUE DATE MMY  THRU MMY
-      NAAE011  IMMUNIZATION ASSESSMENT FOR MMDDYY SITE 01
-      NAAE012  NUTRITION EDUCATION LIST DATE MMDDYY THRU MMDDYY
Y      NAAE012  LABEL PRINTING
                                WIC LETTERS MENU
MA+ a                                                    24/003
  
```

- Press the <Tab> key to tab down to the first line.
- Type the 9-digit Patient Master ID number for each participant to be printed.
- Press the **ENTER** key.

```

HSA198B          NORTH CAROLINA HEALTH SERVICES INFORMATION SYSTEM  07501
12/14/07          PRINT BY ID
NEXT RECORD: COUNTY 085  SCREEN 19  ID          DATE          ACTION
MESSAGE: 163 ENTER PATIENT ID NUMBERS

123456789  _  _  _  _
_  _  _  _  _
_  _  _  _  _
_  _  _  _  _
_  _  _  _  _
_  _  _  _  _
_  _  _  _  _

NOTE
THIS FUNCTION WILL TRY TO PRINT FOR ANY ID ENTERED.  IF THE PATIENT IS
NOT FOUND, IT WILL NOT BE PRINTED AND WILL REMAIN ON THE SCREEN.  YOU
MAY KEY OVER ANY SLOT ON THE SCREEN AND RE-SUBMIT FOR ANOTHER PRINT.

MA+ a                                                    11/021
  
```

Duplicate entries for the same Patient Master ID number are not accepted.  
 If an incorrect Patient Master ID number is entered, the system will highlight the incorrect number in red.

|   |   |           |           |           |        |
|---|---|-----------|-----------|-----------|--------|
| HSA198B   | NORTH CAROLINA HEALTH SERVICES INFORMATION SYSTEM |           |           | 07501     |        |
| 12/14/07  | PRINT BY ID                                       |           |           |           |        |
| NEXT RECORD:  | COUNTY 085  | SCREEN 19 | ID        | DATE      | ACTION |
| MESSAGE: F04 DUPLICATE OR INVALID ID'S - PLEASE CORRECT AND PRESS 'ENTER'   |   |           |           |           |        |
|   |   |           |           |           |        |
| 159159159   | 159159159   | 159159159 | 159159159 | 159159159 |        |
| 159159159   | 159159159   | 159159159 | 159159159 | 159159159 |        |
|   |   |           |           |           |        |
| NOTE  |   |           |           |           |        |
| THIS FUNCTION WILL TRY TO PRINT FOR ANY ID ENTERED. IF THE PATIENT IS NOT FOUND, IT WILL NOT BE PRINTED AND WILL REMAIN ON THE SCREEN. YOU MAY KEY OVER ANY SLOT ON THE SCREEN AND RE-SUBMIT FOR ANOTHER PRINT. |   |           |           |           |        |
| MA+ a   |   |           |           |           | 11/036 |

On the Label Size Selection screen, choose the type of label, size, and quantity to be printed. The labels displayed on this screen are for a pseudo participant, and they demonstrate how the labels should appear when printed.

### Label Types

Type the 1-digit number for the following labels:

- 1 = **Mailing label** - used for addressing envelopes:
  - ▶ Last name, First name and Middle initial
  - ▶ Street address
  - ▶ City, State
  - ▶ Three-digit County of Residence code (ex. 85 is the county code for Stokes County – it will appear on the label as 085.)
  - ▶ 5-digit or 9-digit zip code (ex. 27016 or 27016-1234)
  
- 2 = **Lab label** - used for labeling lab work (can only use 2-Up size for lab labels)
  - ▶ First line:
    - Last Name
    - Ethnic Category
      - ◆ H = Hispanic
      - ◆ NH = Non Hispanic
    - Races
      - ◆ W = White
      - ◆ B = Black
      - ◆ AI = Native American
      - ◆ PI = Hawaiian, Pacific Islander
      - ◆ U = Unknown

- ▶ Second line:
  - First Name
  - Middle Initial
  - Date of Birth (MMDDYYYY)
- ▶ Third line:
  - MID = 9-digit Medicaid ID
  - LOC = 9-digit Patient ID number (also known as Local ID number)
- ▶ Fourth line:
  - 3-digit County number = the county code for the administering Lab (ex. Johnston County code 51 = 051)
  - Lab ID or EIN (Health Department's Employer Identification Number), EIN suffix (1-character alpha letter, determined locally by the lab, separated from the EIN by a dash)
  - SS = the last four digits of the participant's social security number
- ▶ Fifth line:
  - 3-digit County number = the participant's county of residence code (ex. Wake County code 92 = 092)
  - State
  - 7-digit Zip Code
  - DOV = Date of Visit (MMDDYYYY)
  - and 1-character alpha code = Sex of the patient (M = male F = female)

```

HSA198A      NORTH CAROLINA HEALTH SERVICES INFORMATION SYSTEM      07501
12/14/07      L A B E L      SIZE SELECTION
NEXT RECORD: COUNTY 085      SCREEN 19      ID      DATE      ACTION
MESSAGE:

LABEL #: 2      SIZE: 2      ENTER (2) FOR 2-UP (3 1/2 X 15/16)
QTY #: 2_      ENTER (3) FOR 3-UP (2 1/2 X 15/16)

          MAILING          LAB (3 1/2 X 15/16)
-----
#1  ] DOE, JOHN P          ] #2  { DOE, ETHNICITY/RACE          }
    ] 1400 W. MAIN STREET ]    { JOHN, P, DOB: MM/DD/CCYY    }
    ] LUMBERTON NC        ]    { MID: 123456789M, LOC: 123456789H }
    ] 078      28358-2324 ]    { 051, 561234567-AB, SS: 123456789 }
    ]                    ]    { 092, NC 27601, DOV: MM/DD/CCYY, M }
-----
          FOLDER          ADDITIONAL FIELDS FOR LAB LABELS:
-----
#3  ] DOE, JOHN P          ] DATE OF VISIT: 06282007
    ] ID# 000000000H        ] HEALTH DEPT EIN - 566000900
    ] DOB MM/DD/CCYY        ] ENTER EIN SUFFIX IF NECESSARY -Z
    ] R 1 S 1 C# 0000000000 ]
    ] 098 MEDID: 000000000M ]
  
```

■ 3 = **Folder label** - used for labeling patient charts

- ▶ First line:
  - Last name
  - First name
  - Middle initial

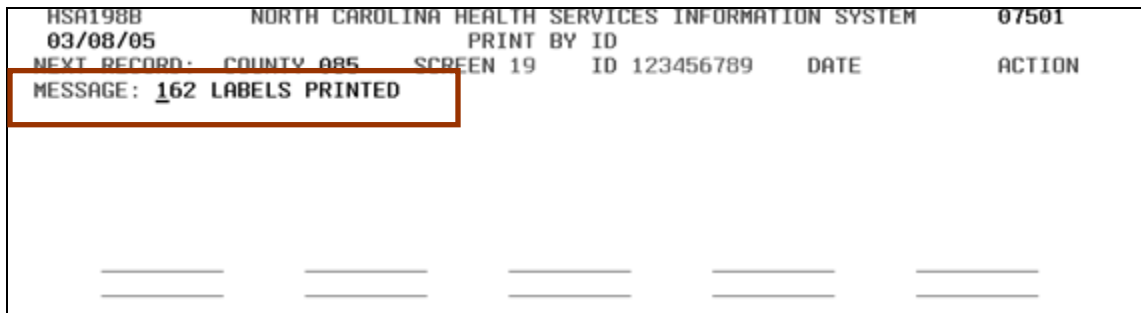
- ▶ Second line:
  - ID# = Patient Master ID number
- ▶ Third line:
  - DOB = Date of Birth
- ▶ Fourth line:
  - R = Race code
  - S = Sex code (1 = Male, 2 = Female)
  - 10-digit Chart number (C#)
- ▶ Fifth line:
  - 3-digit County code = County of Residence code and
  - MEDID = 9-digit Medicaid number

### Label Sizes

- Type the 1-digit number for the following sizes:
  - ▶ 2 = 2-Up or 3 ½ by 15/16 (2-Up means 2 labels across).
  - ▶ 3 = 3-Up or 2 ½ by 15/16 (3-Up means 3 labels across).

### Label Quantity

- Type a 2-digit number for the number of labels to print:
  - ▶ 01-99, depending upon how many labels are required for each participant.
  - ▶ Choose quantities in multiples of two (2) for label size 2.
  - ▶ Choose quantities in multiples of three (3) for label size 3.
- After all of the fields have been completed, press the **ENTER** key.
- When successful, the screen will display the message: Labels Printed.



### WIC Notifications/Letters Menu

On the second page of screen 19 there is a listing of additional reports. The following section lists and describes screen 19 second page reports.

```
HSA509A          NORTH CAROLINA AUTOMATED WIC SYSTEM          07501
12/12/08          BREASTFEEDING REPORTS
SCCA
NEXT ENTRY=> COUNTY 085  SCREEN: 19  ID:          DATE:          ACTION:
MESSAGE: 416 F2 TO RETURN TO WIC REPORT MENU OR F3 TO REFRESH HSA509 SCREEN
PROGRAM NAME: STOKES COUNTY          PRINTER: NAAP855E
SELECT REPORT(S) BY KEYING 'Y' NEXT TO THE REPORT NAME:

-      NAAE005 BREASTFEEDING WOMEN LIST
-      NAAE0015 BREASTFEEDING WOMEN CURRENTLY ENROLLED - SUMMARY INCLUDED
-      NAAE0016 BREASTFEEDING WOMEN THRU 6 WKS POSTPARTUM - SUMMARY INCLUDED
-      NAAE0017 BREASTFEEDING INFANTS THRU 11 MOS OF AGE - SUMMARY INCLUDED
-      NAAE0018 BREASTFEEDING INFANTS THRU 6 WKS OF AGE - SUMMARY INCLUDED
-      STATE FUNDED FROM MMDDYY THRU CURRENT DATE          SITE  ___
-      PAN REPORTING SYSTEM
-      CURRENT INVENTORY LISTING OF UNISSUED PREPRINTED MANUAL FI
-      PRESCRIPTION ISSUANCE OF WHOLE MILK FROM MMDDYY THRU MMDDYY PROG ___
```

### **NAAE005 Breastfeeding Women List**

This report provides a list with the names of all of women currently certified as breastfeeding in the local agency WIC Program.

### **NAAE0015 Breastfeeding Women Currently Enrolled in the WIC Program - Summary Report Included**

This report identifies and provides information on breastfeeding women currently enrolled in the local agency WIC Program. It should provide useful information for planning, managing, and evaluating service delivery to this population. This report on breastfeeding women corresponds to the breastfeeding infant's information on the NAA017 report.

### **NAAE0016 Breastfeeding Women Currently Enrolled in the WIC Program through Six Weeks Postpartum - Summary Report Included**

This report identifies and provides information on breastfeeding women currently enrolled (under the breastfeeding code) in the local agency WIC Program. This report should help identify women who need immediate breastfeeding follow-up and support services during the critical first six weeks after their babies are born. This report should correspond to the infant's information on the NAA018 report.

### **NAAE0017 Breastfeeding Infants Currently Enrolled in the WIC Program through 11 Months of Age - Summary Report Included**

This report is to provide information on all breastfeeding infants currently enrolled in WIC through the first year of life. It should be helpful for following caseload as well as compiling data for planning, managing and evaluating services for this population. This report should correspond to the mother's information on the NAA015 report.

### **NAAE0018 Breastfeeding Infants Currently Enrolled in the WIC Program through 6 Weeks of Age - Summary Report Included**

This report identifies and provides information on breastfeeding infants currently enrolled in the local agency WIC Program. It should be helpful to identify breastfeeding infants who need immediate follow-up and support services during the critical first 6 weeks of age. This report should correspond to the mother's information on the NAA016 report.

#### **State Funded from MMDDYY thru Current Date Site \_\_\_\_\_**

This report lists the number of state funded food instruments printed from Screen 53 for a period of time for any site within the WIC program in which the user is logged. The end date of the time period is the current date; the user can designate the beginning date of the time period as month, day and year. The report lists the participants by Name, WIC ID, and Date of Birth, and displays the Formula Code and Date of Issuance for each issuance. The report summarizes how many participants were Women, Infants or Children.

NOTE: Since 10/1/09, state funded formulas have been ordered directly from NSB; Screen 53 has not been used to print state funded food instruments.

### **PAN Reporting System**

PAN reports list participants' Physical Activity Nutrition behaviors by age group, race, ethnicity, gender, BMI (Body Mass Index) percentiles for specified weight groups. A local WIC agency will only have information available in PAN reports if they have entered participant data on the PAN screen.

- HSAE360 PAN Behaviors by Age Group
- HSAE362 PAN Behaviors by Age Group by Race (W, B, AI, O)
- HSAE370 PAN Behaviors by Age Group by Ethnicity (H, NH)
- HSAE374 PAN Behaviors by Age Group by Gender (M, F)
- HSAE378 PAN Behaviors by Age Group by BMI Percentiles, (Underweight, Healthy Weight, At Risk for Overweight, Overweight)

### **Current Inventory Listing of Unissued Preprinted Manual FI**

This report prints out a list of the current preprinted inventory of food instrument and CVV numbers that are displayed on screen 26. These numbers have been printed but have not yet been recorded as issued to a participant (on screen 21) nor have they been voided from the system. This report is used to audit the current inventory of preprinted manual FIs and CVVs that are physically on hand in the local WIC agency.

### **Prescription Issuance of Whole Milk from MMDDYY to MMDDYY**

This report creates a listing of participants 24 months of age or older (children & women) who received food instruments with whole milk within an indicated date range.